

House \_\_\_\_\_ Amendment NO. \_\_\_\_\_

Offered By \_\_\_\_\_

1 AMEND Senate Bill No. 835, Page 1, Section A, Line 2, by inserting immediately after all of said  
2 section and line the following:

3  
4 "324.001. 1. (1) The purpose of sections 324.001 to 324.1109 is to promote the general  
5 welfare by establishing guidelines for the regulation of occupations and professions not regulated  
6 prior to January 1, 2017.

7 (2) All individuals may engage in the occupation of their choice, free from unreasonable  
8 government regulation. The state shall not impose a substantial burden on an individual's pursuit of  
9 his or her occupation or profession unless there is an important governmental interest for the state to  
10 protect the general welfare. If such an interest exists, the regulation adopted by the state shall be the  
11 least restrictive type of regulation consistent with the public interest to be protected.

12 (3) All bills introduced in the legislature to regulate an occupation or profession for the first  
13 time shall be reviewed according to the following criteria. An occupation or profession shall be  
14 regulated by the state only if:

15 (a) Unregulated practice has caused significant harm and endangered the general welfare  
16 and the potential for further harm and endangerment is easily recognizable and not remote or  
17 dependent upon tenuous argument;

18 (b) The public needs and can reasonably be expected to benefit from an assurance of initial  
19 personal qualifications; and

20 (c) The general welfare cannot be effectively protected by other means.

21 (4) After evaluating the criteria in subdivision (3) of this subsection and considering  
22 governmental, economic, and societal costs and benefits, if the legislature finds that the state has an  
23 important interest in regulating an occupation or profession not previously regulated by law, the  
24 least restrictive type of regulation shall be implemented, consistent with the need to protect the  
25 general welfare and this section. If:

26 (a) Market competition, common law, statutory civil actions, and criminal prohibitions are  
27 insufficient to eradicate actual harm, the regulation shall provide for stricter civil actions and  
28 criminal prosecutions;

29 (b) A service is being performed for individuals involves a hazard to the general welfare,  
30 the regulation shall impose inspection requirements and enable an appropriate state agency to  
31 enforce violations by injunctive relief in court including, but not limited to, regulation of the  
32 business activity providing the service rather than practitioners;

33 (c) The threat to the general welfare resulting from the practitioner's services is relatively  
34 small, easily identifiable, or predictable, the regulation shall implement a system of insurance,  
35 bonding, or registration;

36 (d) The consumer possesses significantly less information so that the practitioner puts the

Standing Action Taken \_\_\_\_\_ Date \_\_\_\_\_

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1 consumer in a disadvantageous position relative to the practitioner to judge the quality of the  
 2 practitioner's services, the regulation shall implement a voluntary system of certification; or

3 (e) There is no other type of regulation that will protect the general welfare other than  
 4 licensing, the regulation shall implement a system of licensing.

5 2. For the purposes of this section, the following terms mean:

6 (1) "Applicant group", any occupational or professional group or organization, any  
 7 individual, or any other interested party that proposes that any occupation or profession not  
 8 presently regulated be regulated;

9 (2) "Certification", a voluntary program in which the government grants nontransferable  
 10 recognition to an individual who meets personal qualifications established by a legislative body.  
 11 Upon approval, the individual may use "certified" as a designated title. Someone who has not been  
 12 recognized as certified may perform the occupation for compensation lawfully, but shall not use the  
 13 title "certified". This term shall not be synonymous with an occupational license or prohibit the use  
 14 of private certification;

15 (3) "Department", the department of insurance, financial institutions and professional  
 16 registration;

17 [(2)] (4) "Director", the director of the division of professional registration; and

18 [(3)] (5) "Division", the division of professional registration;

19 (6) "General welfare", the concern of the government for the health, peace, morality, and  
 20 safety of its citizens;

21 (7) "Grandfather clause", a provision in a regulatory statute applicable to practitioners  
 22 actively engaged in the regulated occupation or profession prior to the effective date of the  
 23 regulatory statute which exempts the practitioners from meeting the personal qualifications set forth  
 24 in the regulatory statute to perform prescribed occupational tasks;

25 (8) "Inspection" the periodic examination of practitioners by a state agency in order to  
 26 ascertain whether the practitioners' activities are being carried out in a fashion consistent with the  
 27 requisite level of cleanliness necessary to protect the general welfare;

28 (9) "Lawful occupation", a course of conduct, pursuit, or profession that includes the sale of  
 29 goods or services that are not themselves illegal to sell irrespective of whether the individual selling  
 30 them is subject to an occupational regulation;

31 (10) "Least restrictive type of occupational regulations", in order from least to most  
 32 restrictive:

33 (a) Market competition;

34 (b) A provision for private civil action to remedy consumer harm;

35 (c) Criminal sanction;

36 (d) Regulation of the business activity providing the service rather than the practitioner;

37 (e) Inspection;

38 (f) Bonding or insurance;

39 (g) Registration;

40 (h) Certification;

41 (i) Occupational license;

42 (11) "Legislative committees of reference", the standing legislative committees designated  
 43 by the respective rules committees of the senate and house of representatives to consider proposed  
 44 legislation to regulate occupations, or professions not previously regulated;

45 (12) "Occupational license", a nontransferable authorization in law for an individual to  
 46 perform a lawful occupation for compensation based on meeting personal qualifications established  
 47 by a legislative body. It shall be prohibited for an individual who does not possess an occupational  
 48 license to perform the occupation for compensation;

1       (13) "Occupational regulation", a statute, ordinance, rule, practice, policy, or other law  
 2 requiring an individual to possess certain personal qualifications to work in a lawful occupation;

3       (14) "Personal qualifications", criteria related to an individual's personal background  
 4 including completion of an approved educational program, satisfactory performance on an  
 5 examination, work experience, criminal history, moral standing, and completion of continuing  
 6 education;

7       (15) "Practitioner", an individual who has achieved knowledge and skill by practice and is  
 8 actively engaged in a specified occupation or profession;

9       (16) "Public member" an individual who is not currently, and has never been in the past, a  
 10 member or spouse of a member of the occupation or profession being regulated or an individual  
 11 who does not currently have and has never in the past had a material financial interest in either the  
 12 rendering of the occupation or professional service being regulated or an activity directly related to  
 13 the occupation or profession being regulated;

14       (17) "Registration", a requirement established by the legislature in which a person:

15       (a) Submits notification to a state agency; and

16       (b) May use "registered" as a designated title.

17  
 18 Notification may include the person's name and address, the person's agent for service of process,  
 19 the location of the activity to be performed, and a description of the service the person provides.  
 20 Registration may include a requirement to post a bond but does not include education or experience  
 21 requirements. Nonregistered persons may not perform the occupation for compensation or use  
 22 "registered" as a designated title. The term registration shall not be synonymous with an  
 23 occupational license and does not refer to or prohibit the use of private registration;

24       (18) "Regulatory entity", any board, commission, agency, division, or other unit or subunit  
 25 of state government which regulates one or more professions, occupations, industries, businesses, or  
 26 other endeavors in this state;

27       (19) "State agency", every state office, department, board, commission, regulatory entity,  
 28 and agency of the state, and, if provided by law, programs and activities involving less than the full  
 29 responsibility of a state agency;

30       (20) "Substantial burden", a requirement in an occupational regulation that imposes  
 31 significant difficulty or cost on an individual seeking to enter into or continue in a lawful occupation  
 32 and is more than an incidental burden.

33       [2.] 3. After January 1, 2017, applicant groups shall explain each of the following factors to  
 34 the extent requested by the legislative committees of reference:

35       (1) A definition of the problem and why regulation is necessary including, but not limited  
 36 to:

37       (a) The description and quantification of the actual harm to the general public due to the  
 38 fact that the occupation or profession is not regulated;

39       (b) The extent to which the actual harm could be avoided;

40       (c) A description of how consumers will benefit in the future from the proposed type of  
 41 regulation; and

42       (d) The extent of autonomy a practitioner has, as indicated by:

43       a. The extent to which the occupation or profession calls for independent judgment and the  
 44 extent of skill or experience required in making the independent judgment; and

45       b. The extent to which practitioners are supervised;

46       (2) The efforts made to address the actual harm caused:

47       (a) Voluntary efforts, if any, by members of the occupation or profession to:

48       a. Establish a code of ethics; or

- 1        b. Help resolve disputes between practitioners and consumers; and  
2        (b) Recourse to and the extent of use of applicable law and whether it could be strengthened  
3 to control the problem;  
4        (3) The alternatives considered including, but not limited to:  
5        (a) Increased civil or criminal sanctions;  
6        (b) Regulation of businesses rather than practitioners;  
7        (c) Regulation of the service or training program rather than the individual practitioners;  
8        (d) Inspections;  
9        (e) Bonding or insurance;  
10       (f) Registration of all practitioners;  
11       (g) Certification of all practitioners;  
12       (h) Other alternatives;  
13       (i) Why the use of the alternatives specified in this subsection would not be adequate to  
14 protect the general welfare; and  
15       (j) Why licensing would serve to protect the general welfare;  
16       (4) The benefit to the public if regulation is granted;  
17       (5) The extent to which the incidences of specific problems present in the unregulated  
18 occupation or profession can reasonably be expected to be reduced by proposed regulation;  
19       (6) Whether the public can identify qualified practitioners;  
20       (7) The extent to which the public can be confident that qualified practitioners are  
21 competent;  
22       (a) Whether the proposed regulatory entity would be a board composed of members of the  
23 profession and public members, a state agency, or both, and, if appropriate, their respective  
24 responsibilities in administering the system of inspections, bonding, insurance, registration,  
25 certification, or licensure, including the composition of the board and the number of public  
26 members, if any; the powers and duties of the board or state agency regarding examinations and for  
27 cause revocation, suspension, and nonrenewal of registrations, certificates, or licenses; the  
28 promulgation of rules and canons of ethics; the conduct of inspections; the receipt of complaints and  
29 disciplinary action taken against practitioners; and how fees would be levied and collected to cover  
30 the expenses of administering and operating the regulatory system;  
31       (b) If there is a grandfather clause, how consumers will be protected from the harm caused  
32 by current practitioners that is the basis for advocating for the enactment of the proposed regulation;  
33       (c) If there is a grandfather clause, if current practitioners will be required to meet the  
34 prerequisite qualifications established by the regulatory entity at a later date and if not, why not;  
35       (d) Whether the regulatory entity would be authorized to enter into reciprocity agreements  
36 with other jurisdictions;  
37       (e) The nature and duration of any training including, but not limited to, whether the  
38 training includes a substantial amount of supervised field experience; whether training programs  
39 exist in this state; if there will be an experience requirement; whether the experience shall be  
40 acquired under a registered, certified, or licensed practitioner; whether there are alternative routes of  
41 entry or methods of meeting the prerequisite qualifications; whether all applicants will be required  
42 to pass an examination; and, if an examination is required, by whom it will be developed and how  
43 the costs of development will be met; and  
44       (f) What additional training programs are anticipated to be necessary to assure training is  
45 accessible statewide; the anticipated time required to establish the additional training programs; the  
46 types of institutions capable of providing the training; a description of how training programs will  
47 meet the needs of the expected workforce, including reentry workers, minorities, placebound  
48 students, and others;

- 1       (8) Assurance of the public that practitioners have maintained their competence:  
2       (a) Whether the registration, certification, or licensure will carry an expiration date; and  
3       (b) Whether renewal will be based only upon payment of a fee, or whether renewal will  
4 involve reexamination, peer review, or other enforcement;  
5       (9) The extent to which regulation might harm the public;  
6       (10) The extent to which regulation will restrict entry into the occupation or profession:  
7       (a) Whether the proposed personal qualifications are more restrictive than necessary to  
8 insure safe and effective performance;  
9       (b) How the proposed personal qualifications compare to other regulations in the state  
10 which may involve greater risks to the general welfare; and  
11       (c) The number of other states that regulate the same occupation or profession and how the  
12 proposed personal qualifications compare to required personal qualifications in other states that  
13 regulate the same occupation or profession;  
14       (11) Whether there are similar professions to that of the applicant group which shall be  
15 included in or portions of the applicant group which shall be excluded from the proposed  
16 legislation;  
17       (12) The maintenance of personal qualifications;  
18       (13) Whether effective quality assurance standards exist in the occupation or profession,  
19 such as legal requirements associated with specific programs that define or enforce professional  
20 standards, or a code of ethics;  
21       (14) How the proposed legislation will assure:  
22       (a) The extent to which a code of ethics, if any, will be adopted; and  
23       (b) Grounds for suspension or revocation of registration, certification, or licensure;  
24       (15) A description of the group proposed for regulation, including a list of associations,  
25 organizations, and other groups representing the practitioners in this state, an estimate of the number  
26 of practitioners in each group, and whether the groups represent different levels of practice; and  
27       (16) The expected costs of regulation including, but not limited to:  
28       (a) The impact registration, certification, or licensure will have on the costs of the services  
29 to the public;  
30       (b) The cost to the state and to the general public of implementing the proposed legislation;  
31 and  
32       (c) The cost to the state and the members of the group proposed for regulation for the  
33 required education, including projected tuition and expenses and expected increases in training  
34 programs, staffing, and enrollments at state training institutions.  
35       4. Applicant groups shall submit a written report explaining the factors enumerated in  
36 subsection 3 of this section to the legislative committees of reference.  
37       5. A legislative proposal which contains a continuing education requirement shall be  
38 accompanied by a detailed explanation of how such requirement could be effective for the  
39 profession addressed in the legislation.  
40       6. Nothing in this section shall be construed to create a right of action against a private party  
41 or to require a private party to do business with an individual who is not licensed, certified, or  
42 registered with the government or to create a right of action against the state, county, municipal, or  
43 other level of government in the state.  
44       7. There is hereby established a "Division of Professional Registration" assigned to the  
45 department of insurance, financial institutions and professional registration as a type III transfer,  
46 headed by a director appointed by the governor with the advice and consent of the senate. All of the  
47 general provisions, definitions and powers enumerated in section 1 of the Omnibus State  
48 Reorganization Act of 1974 and Executive Order 06-04 shall apply to this department and its

1 divisions, agencies, and personnel.

2 [3.] 8. The director of the division of professional registration shall promulgate rules and  
3 regulations which designate for each board or commission assigned to the division the renewal date  
4 for licenses or certificates. After the initial establishment of renewal dates, no director of the  
5 division shall promulgate a rule or regulation which would change the renewal date for licenses or  
6 certificates if such change in renewal date would occur prior to the date on which the renewal date  
7 in effect at the time such new renewal date is specified next occurs. Each board or commission  
8 shall by rule or regulation establish licensing periods of one, two, or three years. Registration fees  
9 set by a board or commission shall be effective for the entire licensing period involved, and shall  
10 not be increased during any current licensing period. Persons who are required to pay their first  
11 registration fees shall be allowed to pay the pro rata share of such fees for the remainder of the  
12 period remaining at the time the fees are paid. Each board or commission shall provide the  
13 necessary forms for initial registration, and thereafter the director may prescribe standard forms for  
14 renewal of licenses and certificates. Each board or commission shall by rule and regulation require  
15 each applicant to provide the information which is required to keep the board's records current.  
16 Each board or commission shall have the authority to collect and analyze information required to  
17 support workforce planning and policy development. Such information shall not be publicly  
18 disclosed so as to identify a specific health care provider, as defined in section 376.1350. Each  
19 board or commission shall issue the original license or certificate.

20 [4.] 9. The division shall provide clerical and other staff services relating to the issuance and  
21 renewal of licenses for all the professional licensing and regulating boards and commissions  
22 assigned to the division. The division shall perform the financial management and clerical functions  
23 as they each relate to issuance and renewal of licenses and certificates. "Issuance and renewal of  
24 licenses and certificates" means the ministerial function of preparing and delivering licenses or  
25 certificates, and obtaining material and information for the board or commission in connection with  
26 the renewal thereof. It does not include any discretionary authority with regard to the original  
27 review of an applicant's qualifications for licensure or certification, or the subsequent review of  
28 licensee's or certificate holder's qualifications, or any disciplinary action contemplated against the  
29 licensee or certificate holder. The division may develop and implement microfilming systems and  
30 automated or manual management information systems.

31 [5.] 10. The director of the division shall maintain a system of accounting and budgeting, in  
32 cooperation with the director of the department, the office of administration, and the state auditor's  
33 office, to ensure proper charges are made to the various boards for services rendered to them. The  
34 general assembly shall appropriate to the division and other state agencies from each board's funds  
35 moneys sufficient to reimburse the division and other state agencies for all services rendered and all  
36 facilities and supplies furnished to that board.

37 [6.] 11. For accounting purposes, the appropriation to the division and to the office of  
38 administration for the payment of rent for quarters provided for the division shall be made from the  
39 "Professional Registration Fees Fund", which is hereby created, and is to be used solely for the  
40 purpose defined in subsection [5] 10 of this section. The fund shall consist of moneys deposited  
41 into it from each board's fund. Each board shall contribute a prorated amount necessary to fund the  
42 division for services rendered and rent based upon the system of accounting and budgeting  
43 established by the director of the division as provided in subsection [5] 10 of this section. Transfers  
44 of funds to the professional registration fees fund shall be made by each board on July first of each  
45 year; provided, however, that the director of the division may establish an alternative date or dates  
46 of transfers at the request of any board. Such transfers shall be made until they equal the prorated  
47 amount for services rendered and rent by the division. The provisions of section 33.080 to the  
48 contrary notwithstanding, money in this fund shall not be transferred and placed to the credit of

1 general revenue.

2 [7.] 12. The director of the division shall be responsible for collecting and accounting for all  
3 moneys received by the division or its component agencies. Any money received by a board or  
4 commission shall be promptly given, identified by type and source, to the director. The director  
5 shall keep a record by board and state accounting system classification of the amount of revenue the  
6 director receives. The director shall promptly transmit all receipts to the department of revenue for  
7 deposit in the state treasury to the credit of the appropriate fund. The director shall provide each  
8 board with all relevant financial information in a timely fashion. Each board shall cooperate with  
9 the director by providing necessary information.

10 [8.] 13. All educational transcripts, test scores, complaints, investigatory reports, and  
11 information pertaining to any person who is an applicant or licensee of any agency assigned to the  
12 division of professional registration by statute or by the department are confidential and may not be  
13 disclosed to the public or any member of the public, except with the written consent of the person  
14 whose records are involved. The agency which possesses the records or information shall disclose  
15 the records or information if the person whose records or information is involved has consented to  
16 the disclosure. Each agency is entitled to the attorney-client privilege and work-product privilege to  
17 the same extent as any other person. Provided, however, that any board may disclose confidential  
18 information without the consent of the person involved in the course of voluntary interstate  
19 exchange of information, or in the course of any litigation concerning that person, or pursuant to a  
20 lawful request, or to other administrative or law enforcement agencies acting within the scope of  
21 their statutory authority. Information regarding identity, including names and addresses,  
22 registration, and currency of the license of the persons possessing licenses to engage in a  
23 professional occupation and the names and addresses of applicants for such licenses is not  
24 confidential information.

25 [9.] 14. Any deliberations conducted and votes taken in rendering a final decision after a  
26 hearing before an agency assigned to the division shall be closed to the parties and the public. Once  
27 a final decision is rendered, that decision shall be made available to the parties and the public.

28 [10.] 15. A compelling governmental interest shall be deemed to exist for the purposes of  
29 section 536.025 for licensure fees to be reduced by emergency rule, if the projected fund balance of  
30 any agency assigned to the division of professional registration is reasonably expected to exceed an  
31 amount that would require transfer from that fund to general revenue.

32 [11.] 16. (1) The following boards and commissions are assigned by specific type transfers  
33 to the division of professional registration: Missouri state board of accountancy, chapter 326; board  
34 of cosmetology and barber examiners, chapters 328 and 329; Missouri board for architects,  
35 professional engineers, professional land surveyors and landscape architects, chapter 327; Missouri  
36 state board of chiropractic examiners, chapter 331; state board of registration for the healing arts,  
37 chapter 334; Missouri dental board, chapter 332; state board of embalmers and funeral directors,  
38 chapter 333; state board of optometry, chapter 336; Missouri state board of nursing, chapter 335;  
39 board of pharmacy, chapter 338; state board of podiatric medicine, chapter 330; Missouri real estate  
40 appraisers commission, chapter 339; and Missouri veterinary medical board, chapter 340. The  
41 governor shall appoint members of these boards by and with the advice and consent of the senate.

42 (2) The boards and commissions assigned to the division shall exercise all their respective  
43 statutory duties and powers, except those clerical and other staff services involving collecting and  
44 accounting for moneys and financial management relating to the issuance and renewal of licenses,  
45 which services shall be provided by the division, within the appropriation therefor. Nothing herein  
46 shall prohibit employment of professional examining or testing services from professional  
47 associations or others as required by the boards or commissions on contract. Nothing herein shall  
48 be construed to affect the power of a board or commission to expend its funds as appropriated.

1 However, the division shall review the expense vouchers of each board. The results of such review  
2 shall be submitted to the board reviewed and to the house and senate appropriations committees  
3 annually.

4 (3) Notwithstanding any other provisions of law, the director of the division shall exercise  
5 only those management functions of the boards and commissions specifically provided in the  
6 Reorganization Act of 1974, and those relating to the allocation and assignment of space, personnel  
7 other than board personnel, and equipment.

8 (4) "Board personnel", as used in this section or chapters 317, 326, 327, 328, 329, 330, 331,  
9 332, 333, 334, 335, 336, 337, 338, 339, 340, and 345, shall mean personnel whose functions and  
10 responsibilities are in areas not related to the clerical duties involving the issuance and renewal of  
11 licenses, to the collecting and accounting for moneys, or to financial management relating to  
12 issuance and renewal of licenses; specifically included are executive secretaries (or comparable  
13 positions), consultants, inspectors, investigators, counsel, and secretarial support staff for these  
14 positions; and such other positions as are established and authorized by statute for a particular board  
15 or commission. Boards and commissions may employ legal counsel, if authorized by law, and  
16 temporary personnel if the board is unable to meet its responsibilities with the employees authorized  
17 above. Any board or commission which hires temporary employees shall annually provide the  
18 division director and the appropriation committees of the general assembly with a complete list of  
19 all persons employed in the previous year, the length of their employment, the amount of their  
20 remuneration, and a description of their responsibilities.

21 (5) Board personnel for each board or commission shall be employed by and serve at the  
22 pleasure of the board or commission, shall be supervised as the board or commission designates, and  
23 shall have their duties and compensation prescribed by the board or commission, within  
24 appropriations for that purpose, except that compensation for board personnel shall not exceed that  
25 established for comparable positions as determined by the board or commission pursuant to the job  
26 and pay plan of the department of insurance, financial institutions and professional registration.  
27 Nothing herein shall be construed to permit salaries for any board personnel to be lowered except by  
28 board action.

29 [12.] 17. All the powers, duties, and functions of the division of athletics, chapter 317, and  
30 others, are assigned by type I transfer to the division of professional registration.

31 [13.] 18. Wherever the laws, rules, or regulations of this state make reference to the  
32 "division of professional registration of the department of economic development", such references  
33 shall be deemed to refer to the division of professional registration.

34 327.313. Applications for enrollment as a land surveyor-in-training shall be typewritten on  
35 prescribed forms furnished to the applicant. The application shall contain applicant's statements  
36 showing the applicant's education, experience and such other pertinent information as the board may  
37 require[, including but not limited to three letters of reference, one of which shall be from a  
38 professional land surveyor who has personal knowledge of the applicant's land surveying education  
39 or experience]. Each application shall contain a statement that it is made under oath or affirmation  
40 and that the representations are true and correct to the best knowledge and belief of the applicant,  
41 subject to the penalties of making a false affidavit or declaration and shall be accompanied by the  
42 required fee.

43 327.321. Applications for licensure as a professional land surveyor shall be typewritten on  
44 prescribed forms furnished to the applicant. The application shall contain the applicant's statements  
45 showing the applicant's education, experience, results of prior land surveying examinations, if any,  
46 and such other pertinent information as the board may require[, including but not limited to three  
47 letters of reference from professional land surveyors with personal knowledge of the experience of  
48 the applicant's land surveying education or experience]. Each application shall contain a statement



1 that it is made under oath or affirmation and that its representations are true and correct to the best  
2 knowledge and belief of the person signing same, subject to the penalties of making a false affidavit  
3 or declaration and shall be accompanied by the required fee.

4 334.037. 1. A physician may enter into collaborative practice arrangements with assistant  
5 physicians. Collaborative practice arrangements shall be in the form of written agreements, jointly  
6 agreed-upon protocols, or standing orders for the delivery of health care services. Collaborative  
7 practice arrangements, which shall be in writing, may delegate to an assistant physician the  
8 authority to administer or dispense drugs and provide treatment as long as the delivery of such  
9 health care services is within the scope of practice of the assistant physician and is consistent with  
10 that assistant physician's skill, training, and competence and the skill and training of the  
11 collaborating physician.

12 2. The written collaborative practice arrangement shall contain at least the following  
13 provisions:

14 (1) Complete names, home and business addresses, zip codes, and telephone numbers of the  
15 collaborating physician and the assistant physician;

16 (2) A list of all other offices or locations besides those listed in subdivision (1) of this  
17 subsection where the collaborating physician authorized the assistant physician to prescribe;

18 (3) A requirement that there shall be posted at every office where the assistant physician is  
19 authorized to prescribe, in collaboration with a physician, a prominently displayed disclosure  
20 statement informing patients that they may be seen by an assistant physician and have the right to  
21 see the collaborating physician;

22 (4) All specialty or board certifications of the collaborating physician and all certifications  
23 of the assistant physician;

24 (5) The manner of collaboration between the collaborating physician and the assistant  
25 physician, including how the collaborating physician and the assistant physician shall:

26 (a) Engage in collaborative practice consistent with each professional's skill, training,  
27 education, and competence;

28 (b) Maintain geographic proximity; except, the collaborative practice arrangement may  
29 allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar year  
30 for rural health clinics as defined by P.L. 95-210, as long as the collaborative practice arrangement  
31 includes alternative plans as required in paragraph (c) of this subdivision. Such exception to  
32 geographic proximity shall apply only to independent rural health clinics, provider-based rural  
33 health clinics if the provider is a critical access hospital as provided in 42 U.S.C. Section 1395i-4,  
34 and provider-based rural health clinics if the main location of the hospital sponsor is greater than  
35 fifty miles from the clinic. The collaborating physician shall maintain documentation related to  
36 such requirement and present it to the state board of registration for the healing arts when requested;  
37 and

38 (c) Provide coverage during absence, incapacity, infirmity, or emergency by the  
39 collaborating physician;

40 (6) A description of the assistant physician's controlled substance prescriptive authority in  
41 collaboration with the physician, including a list of the controlled substances the physician  
42 authorizes the assistant physician to prescribe and documentation that it is consistent with each  
43 professional's education, knowledge, skill, and competence;

44 (7) A list of all other written practice agreements of the collaborating physician and the  
45 assistant physician;

46 (8) The duration of the written practice agreement between the collaborating physician and  
47 the assistant physician;

48 (9) A description of the time and manner of the collaborating physician's review of the

1 assistant physician's delivery of health care services. The description shall include provisions that  
2 the assistant physician shall submit a minimum of ten percent of the charts documenting the  
3 assistant physician's delivery of health care services to the collaborating physician for review by the  
4 collaborating physician, or any other physician designated in the collaborative practice arrangement,  
5 every fourteen days. In performing the review, the collaborating physician need not be present at  
6 the health care practitioner's site; and

7 (10) The collaborating physician, or any other physician designated in the collaborative  
8 practice arrangement, shall review every fourteen days a minimum of twenty percent of the charts in  
9 which the assistant physician prescribes controlled substances. The charts reviewed under this  
10 subdivision may be counted in the number of charts required to be reviewed under subdivision (9)  
11 of this subsection.

12 3. The state board of registration for the healing arts under section 334.125 shall promulgate  
13 rules regulating the use of collaborative practice arrangements for assistant physicians. Such rules  
14 shall specify:

15 (1) Geographic areas to be covered;

16 (2) The methods of treatment that may be covered by collaborative practice arrangements;

17 (3) In conjunction with deans of medical schools and primary care residency program  
18 directors in the state, the development and implementation of educational methods and programs  
19 undertaken during the collaborative practice service which shall facilitate the advancement of the  
20 assistant physician's medical knowledge and capabilities, and which may lead to credit toward a  
21 future residency program for programs that deem such documented educational achievements  
22 acceptable; and

23 (4) The requirements for review of services provided under collaborative practice  
24 arrangements, including delegating authority to prescribe controlled substances.

25  
26 Any rules relating to dispensing or distribution of medications or devices by prescription or  
27 prescription drug orders under this section shall be subject to the approval of the state board of  
28 pharmacy. Any rules relating to dispensing or distribution of controlled substances by prescription  
29 or prescription drug orders under this section shall be subject to the approval of the department of  
30 health and senior services and the state board of pharmacy. The state board of registration for the  
31 healing arts shall promulgate rules applicable to assistant physicians that shall be consistent with  
32 guidelines for federally funded clinics. The rulemaking authority granted in this subsection shall  
33 not extend to collaborative practice arrangements of hospital employees providing inpatient care  
34 within hospitals as defined in chapter 197 or population-based public health services as defined by  
35 20 CSR 2150-5.100 as of April 30, 2008.

36 4. The state board of registration for the healing arts shall not deny, revoke, suspend, or  
37 otherwise take disciplinary action against a collaborating physician for health care services  
38 delegated to an assistant physician provided the provisions of this section and the rules promulgated  
39 thereunder are satisfied.

40 5. Within thirty days of any change and on each renewal, the state board of registration for  
41 the healing arts shall require every physician to identify whether the physician is engaged in any  
42 collaborative practice arrangement, including collaborative practice arrangements delegating the  
43 authority to prescribe controlled substances, and also report to the board the name of each assistant  
44 physician with whom the physician has entered into such arrangement. The board may make such  
45 information available to the public. The board shall track the reported information and may  
46 routinely conduct random reviews of such arrangements to ensure that arrangements are carried out  
47 for compliance under this chapter.

48 6. A collaborating physician shall not enter into a collaborative practice arrangement with

1 more than three full-time equivalent assistant physicians. Such limitation shall not apply to  
2 collaborative arrangements of hospital employees providing inpatient care service in hospitals as  
3 defined in chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100  
4 as of April 30, 2008.

5 7. The collaborating physician shall determine and document the completion of at least a  
6 one-month period of time during which the assistant physician shall practice with the collaborating  
7 physician continuously present before practicing in a setting where the collaborating physician is not  
8 continuously present. Such limitation shall not apply to collaborative arrangements of providers of  
9 population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

10 8. No agreement made under this section shall supersede current hospital licensing  
11 regulations governing hospital medication orders under protocols or standing orders for the purpose  
12 of delivering inpatient or emergency care within a hospital as defined in section 197.020 if such  
13 protocols or standing orders have been approved by the hospital's medical staff and pharmaceutical  
14 therapeutics committee.

15 9. No contract or other agreement shall require a physician to act as a collaborating  
16 physician for an assistant physician against the physician's will. A physician shall have the right to  
17 refuse to act as a collaborating physician, without penalty, for a particular assistant physician. No  
18 contract or other agreement shall limit the collaborating physician's ultimate authority over any  
19 protocols or standing orders or in the delegation of the physician's authority to any assistant  
20 physician, but such requirement shall not authorize a physician in implementing such protocols,  
21 standing orders, or delegation to violate applicable standards for safe medical practice established  
22 by a hospital's medical staff.

23 10. No contract or other agreement shall require any assistant physician to serve as a  
24 collaborating assistant physician for any collaborating physician against the assistant physician's  
25 will. An assistant physician shall have the right to refuse to collaborate, without penalty, with a  
26 particular physician.

27 11. All collaborating physicians and assistant physicians in collaborative practice  
28 arrangements shall wear identification badges while acting within the scope of their collaborative  
29 practice arrangement. The identification badges shall prominently display the licensure status of  
30 such collaborating physicians and assistant physicians.

31 12. (1) An assistant physician with a certificate of controlled substance prescriptive  
32 authority as provided in this section may prescribe any controlled substance listed in Schedule III,  
33 IV, or V of section 195.017, and may have restricted authority in Schedule II, when delegated the  
34 authority to prescribe controlled substances in a collaborative practice arrangement. Prescriptions  
35 for Schedule II medications prescribed by an assistant physician who has a certificate of controlled  
36 substance prescriptive authority are restricted to only those medications containing hydrocodone.  
37 Such authority shall be filed with the state board of registration for the healing arts. The  
38 collaborating physician shall maintain the right to limit a specific scheduled drug or scheduled drug  
39 category that the assistant physician is permitted to prescribe. Any limitations shall be listed in the  
40 collaborative practice arrangement. Assistant physicians shall not prescribe controlled substances  
41 for themselves or members of their families. Schedule III controlled substances and Schedule II -  
42 hydrocodone prescriptions shall be limited to a five-day supply without refill. Assistant physicians  
43 who are authorized to prescribe controlled substances under this section shall register with the  
44 federal Drug Enforcement Administration and the state bureau of narcotics and dangerous drugs,  
45 and shall include the Drug Enforcement Administration registration number on prescriptions for  
46 controlled substances.

47 (2) The collaborating physician shall be responsible to determine and document the  
48 completion of at least one hundred twenty hours in a four-month period by the assistant physician

1 during which the assistant physician shall practice with the collaborating physician on-site prior to  
 2 prescribing controlled substances when the collaborating physician is not on-site. Such limitation  
 3 shall not apply to assistant physicians of population-based public health services as defined in 20  
 4 CSR 2150-5.100 as of April 30, 2009.

5 (3) An assistant physician shall receive a certificate of controlled substance prescriptive  
 6 authority from the state board of registration for the healing arts upon verification of licensure under  
 7 section 334.036.

8 334.040. 1. Except as provided in section 334.260, all persons desiring to practice as  
 9 physicians and surgeons in this state shall be examined as to their fitness to engage in such practice  
 10 by the board. All persons applying for examination shall file a completed application with the  
 11 board upon forms furnished by the board.

12 2. The examination shall be sufficient to test the applicant's fitness to practice as a physician  
 13 and surgeon. The examination shall be conducted in such a manner as to conceal the identity of the  
 14 applicant until all examinations have been scored. In all such examinations an average score of not  
 15 less than seventy-five percent is required to pass; provided, however, that the board may require  
 16 applicants to take the Federation Licensing Examination, also known as FLEX, or the United States  
 17 Medical Licensing Examination (USMLE). If the FLEX examination is required, a weighted  
 18 average score of no less than seventy-five is required to pass. Scores from one test administration of  
 19 the FLEX shall not be combined or averaged with scores from other test administrations to achieve  
 20 a passing score. The passing score of the United States Medical Licensing Examination shall be  
 21 determined by the board through rule and regulation. Applicants graduating from a medical or  
 22 osteopathic college, as [defined] described in section 334.031 prior to January 1, 1994, shall provide  
 23 proof of successful completion of the FLEX, USMLE, an exam administered by the National Board  
 24 of Osteopathic Medical Examiners (NBOME), a state board examination approved by the board,  
 25 compliance with subsection 2 of section 334.031, or compliance with 20 CSR 2150-2.005.

26 Applicants graduating from a medical or osteopathic college, as [defined] described in section  
 27 334.031 on or after January 1, 1994, must provide proof of successful completion of the USMLE or  
 28 an exam administered by NBOME or provide proof of compliance with subsection 2 of section  
 29 334.031. The board shall not issue a permanent license as a physician and surgeon or allow the  
 30 Missouri state board examination to be administered to any applicant who has failed to achieve a  
 31 passing score within three attempts on licensing examinations administered in one or more states or  
 32 territories of the United States, the District of Columbia or Canada, unless the applicant petitions the  
 33 board for an exception based upon unusual or extenuating circumstances that the board may deem  
 34 reasonable. The steps one, two and three of the United States Medical Licensing Examination shall  
 35 be taken within a seven-year period with no more than three attempts on any step of the  
 36 examination; however, an applicant may petition the board for an exception to such requirements  
 37 based upon unusual or extenuating circumstances that the board may deem reasonable. The board  
 38 also may grant an extension of the seven-year period if the applicant has obtained a MD/PhD degree  
 39 in a program accredited by the Liaison Committee on Medical Education (LCME) and a regional  
 40 university accrediting body or a DO/PhD degree accredited by the American Osteopathic  
 41 Association and a regional university accrediting body. The board may waive the provisions of this  
 42 section if the applicant is licensed to practice as a physician and surgeon in another state of the  
 43 United States, the District of Columbia or Canada and the applicant has achieved a passing score on  
 44 a licensing examination administered in a state or territory of the United States or the District of  
 45 Columbia and no license issued to the applicant has been disciplined in any state or territory of the  
 46 United States or the District of Columbia [and the applicant is certified in the applicant's area of  
 47 specialty by the American Board of Medical Specialties, the American Osteopathic Association, or  
 48 other certifying agency approved by the board by rule].

1           3. If the board waives the provisions of this section, then the license issued to the applicant  
2 may be limited or restricted to the applicant's board specialty. The board shall not be permitted to  
3 favor any particular school or system of healing.

4           4. If an applicant has not actively engaged in the practice of clinical medicine or held a  
5 teaching or faculty position in a medical or osteopathic school approved by the American Medical  
6 Association, the Liaison Committee on Medical Education, or the American Osteopathic  
7 Association for any two years in the three-year period immediately preceding the filing of his or her  
8 application for licensure, the board may require successful completion of another examination,  
9 continuing medical education, or further training before issuing a permanent license. The board  
10 shall adopt rules to prescribe the form and manner of such reexamination, continuing medical  
11 education, and training.

12           334.104. 1. A physician may enter into collaborative practice arrangements with registered  
13 professional nurses. Collaborative practice arrangements shall be in the form of written agreements,  
14 jointly agreed-upon protocols, or standing orders for the delivery of health care services.  
15 Collaborative practice arrangements, which shall be in writing, may delegate to a registered  
16 professional nurse the authority to administer or dispense drugs and provide treatment as long as the  
17 delivery of such health care services is within the scope of practice of the registered professional  
18 nurse and is consistent with that nurse's skill, training and competence.

19           2. Collaborative practice arrangements, which shall be in writing, may delegate to a  
20 registered professional nurse the authority to administer, dispense or prescribe drugs and provide  
21 treatment if the registered professional nurse is an advanced practice registered nurse as defined in  
22 subdivision (2) of section 335.016. Collaborative practice arrangements may delegate to an  
23 advanced practice registered nurse, as defined in section 335.016, the authority to administer,  
24 dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017,  
25 and Schedule II - hydrocodone; except that, the collaborative practice arrangement shall not  
26 delegate the authority to administer any controlled substances listed in Schedules III, IV, and V of  
27 section 195.017, or Schedule II - hydrocodone for the purpose of inducing sedation or general  
28 anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III narcotic controlled  
29 substance and Schedule II - hydrocodone prescriptions shall be limited to a one hundred twenty-  
30 hour supply without refill. Such collaborative practice arrangements shall be in the form of written  
31 agreements, jointly agreed-upon protocols or standing orders for the delivery of health care services.

32           3. The written collaborative practice arrangement shall contain at least the following  
33 provisions:

34           (1) Complete names, home and business addresses, zip codes, and telephone numbers of the  
35 collaborating physician and the advanced practice registered nurse;

36           (2) A list of all other offices or locations besides those listed in subdivision (1) of this  
37 subsection where the collaborating physician authorized the advanced practice registered nurse to  
38 prescribe;

39           (3) A requirement that there shall be posted at every office where the advanced practice  
40 registered nurse is authorized to prescribe, in collaboration with a physician, a prominently  
41 displayed disclosure statement informing patients that they may be seen by an advanced practice  
42 registered nurse and have the right to see the collaborating physician;

43           (4) All specialty or board certifications of the collaborating physician and all certifications  
44 of the advanced practice registered nurse;

45           (5) The manner of collaboration between the collaborating physician and the advanced  
46 practice registered nurse, including how the collaborating physician and the advanced practice  
47 registered nurse will:

48           (a) Engage in collaborative practice consistent with each professional's skill, training,

1 education, and competence;

2 (b) Maintain geographic proximity, except the collaborative practice arrangement may allow  
3 for geographic proximity to be waived for a [maximum of twenty-eight days per calendar year for  
4 rural health clinics as defined by P.L. 95-210,] as long as the collaborative practice arrangement  
5 includes alternative plans as required in paragraph (c) of this subdivision. This exception to  
6 geographic proximity shall apply only to independent rural health clinics, provider-based rural  
7 health clinics where the provider is a critical access hospital as provided in 42 U.S.C. Section 1395i-  
8 4, and provider-based rural health clinics where the main location of the hospital sponsor is greater  
9 than fifty miles from the clinic. The collaborating physician is required to maintain documentation  
10 related to this requirement and to present it to the state board of registration for the healing arts  
11 when requested; and

12 (c) Provide coverage during absence, incapacity, infirmity, or emergency by the  
13 collaborating physician;

14 (6) A description of the advanced practice registered nurse's controlled substance  
15 prescriptive authority in collaboration with the physician, including a list of the controlled  
16 substances the physician authorizes the nurse to prescribe and documentation that it is consistent  
17 with each professional's education, knowledge, skill, and competence;

18 (7) A list of all other written practice agreements of the collaborating physician and the  
19 advanced practice registered nurse;

20 (8) The duration of the written practice agreement between the collaborating physician and  
21 the advanced practice registered nurse;

22 (9) A description of the time and manner of the collaborating physician's review of the  
23 advanced practice registered nurse's delivery of health care services. The description shall include  
24 provisions that the advanced practice registered nurse shall submit a minimum of ten percent of the  
25 charts documenting the advanced practice registered nurse's delivery of health care services to the  
26 collaborating physician for review by the collaborating physician, or any other physician designated  
27 in the collaborative practice arrangement, every fourteen days. In performing the review, the  
28 collaborating physician need not be present at the health care practitioner's site; and

29 (10) The collaborating physician, or any other physician designated in the collaborative  
30 practice arrangement, shall review every fourteen days a minimum of twenty percent of the charts in  
31 which the advanced practice registered nurse prescribes controlled substances. The charts reviewed  
32 under this subdivision may be counted in the number of charts required to be reviewed under  
33 subdivision (9) of this subsection.

34 4. The state board of registration for the healing arts pursuant to section 334.125 and the  
35 board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of  
36 collaborative practice arrangements. Such rules shall be limited to [specifying geographic areas to  
37 be covered,] the methods of treatment that may be covered by collaborative practice arrangements  
38 and the requirements for review of services provided pursuant to collaborative practice  
39 arrangements including delegating authority to prescribe controlled substances. Any rules relating  
40 to dispensing or distribution of medications or devices by prescription or prescription drug orders  
41 under this section shall be subject to the approval of the state board of pharmacy. Any rules relating  
42 to dispensing or distribution of controlled substances by prescription or prescription drug orders  
43 under this section shall be subject to the approval of the department of health and senior services  
44 and the state board of pharmacy. In order to take effect, such rules shall be approved by a majority  
45 vote of a quorum of each board. Neither the state board of registration for the healing arts nor the  
46 board of nursing may separately promulgate rules relating to collaborative practice arrangements.  
47 Such jointly promulgated rules shall be consistent with guidelines for federally funded clinics. The  
48 rulemaking authority granted in this subsection shall not extend to collaborative practice

1 arrangements of hospital employees providing inpatient care within hospitals as defined pursuant to  
2 chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April  
3 30, 2008.

4 5. The state board of registration for the healing arts shall not deny, revoke, suspend or  
5 otherwise take disciplinary action against a physician for health care services delegated to a  
6 registered professional nurse provided the provisions of this section and the rules promulgated  
7 thereunder are satisfied. Upon the written request of a physician subject to a disciplinary action  
8 imposed as a result of an agreement between a physician and a registered professional nurse or  
9 registered physician assistant, whether written or not, prior to August 28, 1993, all records of such  
10 disciplinary licensure action and all records pertaining to the filing, investigation or review of an  
11 alleged violation of this chapter incurred as a result of such an agreement shall be removed from the  
12 records of the state board of registration for the healing arts and the division of professional  
13 registration and shall not be disclosed to any public or private entity seeking such information from  
14 the board or the division. The state board of registration for the healing arts shall take action to  
15 correct reports of alleged violations and disciplinary actions as described in this section which have  
16 been submitted to the National Practitioner Data Bank. In subsequent applications or  
17 representations relating to his medical practice, a physician completing forms or documents shall  
18 not be required to report any actions of the state board of registration for the healing arts for which  
19 the records are subject to removal under this section.

20 6. Within thirty days of any change and on each renewal, the state board of registration for  
21 the healing arts shall require every physician to identify whether the physician is engaged in any  
22 collaborative practice agreement, including collaborative practice agreements delegating the  
23 authority to prescribe controlled substances, or physician assistant agreement and also report to the  
24 board the name of each licensed professional with whom the physician has entered into such  
25 agreement. The board may make this information available to the public. The board shall track the  
26 reported information and may routinely conduct random reviews of such agreements to ensure that  
27 agreements are carried out for compliance under this chapter.

28 7. Notwithstanding any law to the contrary, a certified registered nurse anesthetist as defined  
29 in subdivision (8) of section 335.016 shall be permitted to provide anesthesia services without a  
30 collaborative practice arrangement provided that he or she is under the supervision of an  
31 anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed.  
32 Nothing in this subsection shall be construed to prohibit or prevent a certified registered nurse  
33 anesthetist as defined in subdivision (8) of section 335.016 from entering into a collaborative  
34 practice arrangement under this section, except that the collaborative practice arrangement may not  
35 delegate the authority to prescribe any controlled substances listed in Schedules III, IV, and V of  
36 section 195.017, or Schedule II - hydrocodone.

37 8. A collaborating physician shall not enter into a collaborative practice arrangement with  
38 more than three full-time equivalent advanced practice registered nurses. This limitation shall not  
39 apply to collaborative arrangements of hospital employees providing inpatient care service in  
40 hospitals as defined in chapter 197 or population-based public health services as defined by 20 CSR  
41 2150-5.100 as of April 30, 2008.

42 9. It is the responsibility of the collaborating physician to determine and document the  
43 completion of at least a one-month period of time during which the advanced practice registered  
44 nurse shall practice with the collaborating physician continuously present before practicing in a  
45 setting where the collaborating physician is not continuously present. This limitation shall not apply  
46 to collaborative arrangements of providers of population-based public health services as defined by  
47 20 CSR 2150-5.100 as of April 30, 2008, nor to collaborative arrangements between a physician  
48 and an advanced practice registered nurse, if the collaborative physician is new to a patient

1 population to which the collaborating advanced practice registered nurse, physician assistant, or  
 2 assistant physician is already familiar.

3 10. No agreement made under this section shall supersede current hospital licensing  
 4 regulations governing hospital medication orders under protocols or standing orders for the purpose  
 5 of delivering inpatient or emergency care within a hospital as defined in section 197.020 if such  
 6 protocols or standing orders have been approved by the hospital's medical staff and pharmaceutical  
 7 therapeutics committee.

8 11. No contract or other agreement shall require a physician to act as a collaborating  
 9 physician for an advanced practice registered nurse against the physician's will. A physician shall  
 10 have the right to refuse to act as a collaborating physician, without penalty, for a particular advanced  
 11 practice registered nurse. No contract or other agreement shall limit the collaborating physician's  
 12 ultimate authority over any protocols or standing orders or in the delegation of the physician's  
 13 authority to any advanced practice registered nurse, but this requirement shall not authorize a  
 14 physician in implementing such protocols, standing orders, or delegation to violate applicable  
 15 standards for safe medical practice established by hospital's medical staff.

16 12. No contract or other agreement shall require any advanced practice registered nurse to  
 17 serve as a collaborating advanced practice registered nurse for any collaborating physician against  
 18 the advanced practice registered nurse's will. An advanced practice registered nurse shall have the  
 19 right to refuse to collaborate, without penalty, with a particular physician.

20 334.280. 1. For purposes of this section, the following terms shall mean:

21 (1) "Continuing medical education", continued postgraduate medical education intended to  
 22 provide medical professionals with knowledge of new developments in their field;

23 (2) "Maintenance of certification", any process requiring periodic recertification  
 24 examinations to maintain specialty medical board certification;

25 (3) "Maintenance of licensure", the Federation of State Medical Boards' proprietary  
 26 framework for physician license renewal including additional periodic testing other than continuous  
 27 medical education;

28 (4) "Specialty medical board certification", certification by a board that specializes in one  
 29 particular area of medicine and typically requires additional and more strenuous exams than state  
 30 board of medicine requirements to practice medicine.

31 2. The state shall not require any form of maintenance of licensure as a condition of  
 32 physician licensure including requiring any form of maintenance of licensure tied to maintenance of  
 33 certification. Current requirements including continuous medical education shall suffice to  
 34 demonstrate professional competency.

35 3. The state shall not require any form of specialty medical board certification or any  
 36 maintenance of certification to practice medicine within the state. There shall be no discrimination  
 37 by the state board of registration for the healing arts or any other state agency against physicians  
 38 who do not maintain specialty medical board certification including recertification.

39 334.285. 1. For purposes of this section, the following terms shall mean:

40 (1) "Continuous medical education", continued postgraduate medical education intended to  
 41 provide medical professionals with knowledge of new developments in their field;

42 (2) "Maintenance of certification", any process requiring periodic recertification  
 43 examinations to maintain specialty medical board certification;

44 (3) "Maintenance of licensure", the Federation of State Medical Boards' proprietary  
 45 framework for physician license renewal including additional periodic testing other than continuous  
 46 medical education;

47 (4) "Specialty medical board certification", certification by a board that specializes in one  
 48 particular area of medicine and typically requires additional and more strenuous exams than state



1 board of registration for the healing arts requirements to practice medicine.

2 2. The state shall not require any form of maintenance of licensure as a condition of  
 3 physician licensure including requiring any form of maintenance of licensure tied to maintenance of  
 4 certification. Current requirements including continuous medical education shall suffice to  
 5 demonstrate professional competency.

6 3. The state shall not require any form of specialty medical board certification or any  
 7 maintenance of certification to practice medicine within the state. There shall be no discrimination  
 8 by the state board of registration for the healing arts or any other state agency against physicians  
 9 who do not maintain specialty medical board certification including recertification.

10 335.016. As used in this chapter, unless the context clearly requires otherwise, the following  
 11 words and terms mean:

12 (1) "Accredited", the official authorization or status granted by an agency for a program  
 13 through a voluntary process;

14 (2) "Advanced practice registered nurse" or "APRN", a [nurse who has education beyond  
 15 the basic nursing education and is certified by a nationally recognized professional organization as a  
 16 certified nurse practitioner, certified nurse midwife, certified registered nurse anesthetist, or a  
 17 certified clinical nurse specialist. The board shall promulgate rules specifying which nationally  
 18 recognized professional organization certifications are to be recognized for the purposes of this  
 19 section. Advanced practice nurses and only such individuals may use the title "Advanced Practice  
 20 Registered Nurse" and the abbreviation "APRN"] person who is licensed under the provisions of this  
 21 chapter to engage in the practice of advanced practice nursing;

22 (3) "Approval", official recognition of nursing education programs which meet standards  
 23 established by the board of nursing;

24 (4) "Board" or "state board", the state board of nursing;

25 (5) "Certified clinical nurse specialist", a registered nurse who is currently certified as a  
 26 clinical nurse specialist by a nationally recognized certifying board approved by the board of  
 27 nursing. A certified clinical nurse specialist is one of the four APRN roles;

28 (6) "Certified nurse midwife", a registered nurse who is currently certified as a nurse  
 29 midwife by the American College of Nurse Midwives, or other nationally recognized certifying  
 30 body approved by the board of nursing. A certified nurse midwife is one of the four APRN roles;

31 (7) "Certified nurse practitioner", a registered nurse who is currently certified as a nurse  
 32 practitioner by a nationally recognized certifying body approved by the board of nursing. A  
 33 certified nurse practitioner is one of the four APRN roles;

34 (8) "Certified registered nurse anesthetist", a registered nurse who is currently certified as a  
 35 nurse anesthetist by the [Council on Certification of Nurse Anesthetists, the Council on  
 36 Recertification of Nurse Anesthetists,] National Board of Certification and Recertification for Nurse  
 37 Anesthetists or other nationally recognized certifying body approved by the board of nursing. A  
 38 certified registered nurse anesthetist is one of the four APRN roles;

39 (9) "Executive director", a qualified individual employed by the board as executive  
 40 secretary or otherwise to administer the provisions of this chapter under the board's direction. Such  
 41 person employed as executive director shall not be a member of the board;

42 (10) "Inactive nurse", as defined by rule pursuant to section 335.061;

43 (11) "Lapsed license status", as defined by rule under section 335.061;

44 (12) "Licensed practical nurse" or "practical nurse", a person licensed pursuant to the  
 45 provisions of this chapter to engage in the practice of practical nursing;

46 (13) "Licensure", the issuing of a license to practice advanced practice, professional, or  
 47 practical nursing to candidates who have met the specified requirements and the recording of the  
 48 names of those persons as holders of a license to practice advanced practice, professional, or

1 practical nursing;

2 (14) "Population focus", one of the following six areas of practice for which an advanced  
 3 practice registered nurse has the education and training to provide care and services:

4 (a) A family or individual across the lifespan;

5 (b) Adult-gerontology;

6 (c) Pediatrics;

7 (d) Neonatal;

8 (e) Women's health or gender-related; and

9 (f) Psychiatric or mental health;

10 (15) "Practice of advanced practice nursing":

11 (a) The practice of advanced practice nursing that includes, but is not limited to:

12 a. The practice of professional nursing as defined in this section performed with or without  
 13 compensation or personal profit;

14 b. Assessing and diagnosing actual or potential human health problems;

15 c. Planning, initiating, ordering, and evaluating therapeutic regimens;

16 d. Coordinating and consulting with a health care provider, or when appropriate, referral to  
 17 a physician or other health care provider;

18 e. Prescriptive authority for legend drugs and controlled substances;

19 f. Completing certifications or similar documents that reflect a patient's current health status  
 20 or continuing health needs consistent with such advanced practice registered nurse's scope of  
 21 practice and the nurse-patient relationship;

22 (b) Advanced practice nursing shall be practiced in accordance with the APRN's graduate-  
 23 level education and certification in one of four recognized roles, with at least one population focus,  
 24 including a:

25 a. Certified clinical nurse specialist;

26 b. Certified nurse midwife;

27 c. Certified nurse practitioner; and

28 d. Certified registered nurse anesthetist;

29 (c) Nothing in the subdivision shall alter the definition of the practice of professional  
 30 nursing;

31 (16) "Practice of practical nursing", the performance for compensation of selected acts for  
 32 the promotion of health and in the care of persons who are ill, injured, or experiencing alterations in  
 33 normal health processes. Such performance requires substantial specialized skill, judgment and  
 34 knowledge. All such nursing care shall be given under the direction of a person licensed by a state  
 35 regulatory board to prescribe medications and treatments or under the direction of a registered  
 36 professional nurse. For the purposes of this chapter, the term "direction" shall mean guidance or  
 37 [supervision] oversight provided by a person licensed by a state regulatory board to prescribe  
 38 medications and treatments or a registered professional nurse, including, but not limited to, oral,  
 39 written, or otherwise communicated orders or directives for patient care. When practical nursing  
 40 care is delivered pursuant to the direction of a person licensed by a state regulatory board to  
 41 prescribe medications and treatments or under the direction of a registered professional nurse, such  
 42 care may be delivered by a licensed practical nurse without direct physical oversight;

43 [(15)] (17) "Practice of professional nursing", the performance for compensation of any act  
 44 or function which requires substantial specialized education, judgment and skill based on knowledge  
 45 and application of principles derived from the biological, physical, social, behavioral, and nursing  
 46 sciences, including, but not limited to:

47 (a) Responsibility for the promotion as well as the teaching of health care and the  
 48 prevention of illness to the patient and his or her family;

(b) Assessment, data collection, nursing diagnosis, nursing care, evaluation, and counsel of persons who are ill, injured or experiencing alterations in normal health processes;

(c) The administration of medications and treatments as prescribed by a person licensed by a state regulatory board to prescribe medications and treatments;

(d) The coordination, initiation, performance, and assistance in the determination and delivery of a plan of health care with all members of a health team;

(e) The teaching and supervision of other persons in the performance of any of the foregoing;

[(16) A] (18) "Registered professional nurse" or "registered nurse", a person licensed pursuant to the provisions of this chapter to engage in the practice of professional nursing;

[(17)] (19) "Retired license status", any person licensed in this state under this chapter who retires from such practice. Such person shall file with the board an affidavit, on a form to be furnished by the board, which states the date on which the licensee retired from such practice, an intent to retire from the practice for at least two years, and such other facts as tend to verify the retirement as the board may deem necessary; but if the licensee thereafter reengages in the practice, the licensee shall renew his or her license with the board as provided by this chapter and by rule and regulation.

335.019. 1. An advanced practice registered nurse's prescriptive authority shall include authority to:

(1) Prescribe, dispense, and administer nonscheduled legend drugs and medications as defined in section 338.330, within such APRN's practice and specialty;

(2) Notwithstanding any other provision of this chapter, prescribe, administer, and provide nonscheduled legend drug samples from pharmaceutical manufacturers to patients at no charge to the patient or any other party.

2. The board of nursing may grant a certificate of controlled substance prescriptive authority to an advanced practice registered nurse who:

(1) submits proof of successful completion of an advanced pharmacology course that shall include preceptorial experience in the prescription of drugs, medicines, and therapeutic devices; and

(2) Provides documentation of a minimum of three hundred clock hours preceptorial experience in the prescription of drugs, medicines, and therapeutic devices with a qualified preceptor; and

(3) Provides evidence of a minimum of one thousand hours of practice in an advanced practice nursing category prior to application for a certificate of prescriptive authority. The one thousand hours shall not include clinical hours obtained in the advanced practice nursing education program. The one thousand hours of practice in an advanced practice nursing category may include transmitting a prescription order orally or telephonically or to an inpatient medical record from protocols developed in collaboration with and signed by a licensed physician; and

(4) Has a controlled substance prescribing authority delegated in the collaborative practice arrangement under section 334.104 with a physician who has an unrestricted federal Drug Enforcement Administration registration number and who is actively engaged in a practice comparable in scope, specialty, or expertise to that of the advanced practice registered nurse.

335.046. 1. An applicant for a license to practice as a registered professional nurse shall submit to the board a written application on forms furnished to the applicant. The original application shall contain the applicant's statements showing the applicant's education and other such pertinent information as the board may require. The applicant shall be of good moral character and have completed at least the high school course of study, or the equivalent thereof as determined by the state board of education, and have successfully completed the basic professional curriculum in an accredited or approved school of nursing and earned a professional nursing degree or diploma.

Each application shall contain a statement that it is made under oath or affirmation and that its representations are true and correct to the best knowledge and belief of the person signing same, subject to the penalties of making a false affidavit or declaration. Applicants from non-English-speaking lands shall be required to submit evidence of proficiency in the English language. The applicant must be approved by the board and shall pass an examination as required by the board. The board may require by rule as a requirement for licensure that each applicant shall pass an oral or practical examination. Upon successfully passing the examination, the board may issue to the applicant a license to practice nursing as a registered professional nurse. The applicant for a license to practice registered professional nursing shall pay a license fee in such amount as set by the board. The fee shall be uniform for all applicants. Applicants from foreign countries shall be licensed as prescribed by rule.

2. An applicant for license to practice as a licensed practical nurse shall submit to the board a written application on forms furnished to the applicant. The original application shall contain the applicant's statements showing the applicant's education and other such pertinent information as the board may require. Such applicant shall be of good moral character, and have completed at least two years of high school, or its equivalent as established by the state board of education, and have successfully completed a basic prescribed curriculum in a state-accredited or approved school of nursing, earned a nursing degree, certificate or diploma and completed a course approved by the board on the role of the practical nurse. Each application shall contain a statement that it is made under oath or affirmation and that its representations are true and correct to the best knowledge and belief of the person signing same, subject to the penalties of making a false affidavit or declaration. Applicants from non-English-speaking countries shall be required to submit evidence of their proficiency in the English language. The applicant must be approved by the board and shall pass an examination as required by the board. The board may require by rule as a requirement for licensure that each applicant shall pass an oral or practical examination. Upon successfully passing the examination, the board may issue to the applicant a license to practice as a licensed practical nurse. The applicant for a license to practice licensed practical nursing shall pay a fee in such amount as may be set by the board. The fee shall be uniform for all applicants. Applicants from foreign countries shall be licensed as prescribed by rule.

3. (1) An applicant for a license to practice as an advanced practice registered nurse shall submit a completed application as established by the board. The application shall, at a minimum, contain:

(a) The applicant's advanced nursing education and other pertinent information as the board may require;

(b) A statement under oath or affirmation that the applicant is of good moral character and that the representations contained in the application are true and correct to the best knowledge and belief of the applicant, subject to the penalties of making a false affidavit or declaration; and

(c) Documentation that demonstrates the following educational requirements:

a. Prior to July 1, 1998, completion of a formal post-basic educational program from or formally affiliated with an accredited college, university, or hospital of at least one academic year, which includes advanced nurse theory and clinical nursing practice, leading to a graduate degree or certificate with a concentration in an advanced nursing clinical specialty area;

b. From July 1, 1998, to June 30, 2009, completion of a graduate degree from an accredited college or university with a concentration in an advanced practice nursing clinical specialty area, which includes advanced nursing theory and clinical nursing practice;

c. On or after July 1, 2009, completion of an accredited graduate-level advanced practice registered nursing program that prepared the applicant for one of the four APRN roles in at least one population focus;

1        (d) Documentation of current certification in one of the four APRN roles from a nationally  
 2 recognized certifying body approved by the board, or current documentation of recognition as an  
 3 advanced practice registered nurse issued by the board prior to January 1, 2017; and

4        (e) Other evidence as required by board rule, including as may be applicable, evidence of  
 5 proficiency in the English language.

6        (2) The applicant for a license to practice as an advanced practice registered nurse shall pay  
 7 a license fee in such amount as set by the board that shall be uniform for all such applicants.

8        (3) Upon issuance of a license, the license holder's advanced practice registered nursing  
 9 license and his or her professional nursing license shall be treated as one license for the purpose of  
 10 renewal and assessment of renewal fees.

11        4. Upon refusal of the board to allow any applicant to sit for either the registered  
 12 professional nurses' examination or the licensed practical nurses' examination, as the case may be,  
 13 the board shall comply with the provisions of section 621.120 and advise the applicant of his or her  
 14 right to have a hearing before the administrative hearing commission. The administrative hearing  
 15 commission shall hear complaints taken pursuant to section 621.120.

16        [4.] 5. The board shall not deny a license because of sex, religion, race, ethnic origin, age or  
 17 political affiliation.

18        335.056. The license of every person licensed under the provisions of [sections 335.011 to  
 19 335.096] this chapter shall be renewed as provided. An application for renewal of license shall be  
 20 mailed to every person to whom a license was issued or renewed during the current licensing period.  
 21 The applicant shall complete the application and return it to the board by the renewal date with a  
 22 renewal fee in an amount to be set by the board. The fee shall be uniform for all applicants. The  
 23 certificates of renewal shall render the holder thereof a legal practitioner of nursing for the period  
 24 stated in the certificate of renewal. Any person who practices nursing as an advanced practice  
 25 registered nurse, as a registered professional nurse, or as a licensed practical nurse during the time  
 26 his or her license has lapsed shall be considered an illegal practitioner and shall be subject to the  
 27 penalties provided for violation of the provisions of [sections 335.011 to 335.096] this chapter.

28        335.086. No person, firm, corporation or association shall:

29        (1) Sell or attempt to sell or fraudulently obtain or furnish or attempt to furnish any nursing  
 30 diploma, license, renewal or record or aid or abet therein;

31        (2) Practice [professional or practical] nursing as defined [by sections 335.011 to 335.096]  
 32 in this chapter under cover of any diploma, license, or record illegally or fraudulently obtained or  
 33 signed or issued unlawfully or under fraudulent representation;

34        (3) Practice [professional nursing or practical] nursing as defined [by sections 335.011 to  
 35 335.096] in this chapter unless duly licensed to do so under the provisions of [sections 335.011 to  
 36 335.096] this chapter;

37        (4) Use in connection with his or her name any designation tending to imply that he or she  
 38 is a licensed advanced practice registered nurse, a licensed registered professional nurse, or a  
 39 licensed practical nurse unless duly licensed so to practice under the provisions of [sections 335.011  
 40 to 335.096] this chapter;

41        (5) Practice advanced practice nursing, professional nursing, or practical nursing during the  
 42 time his or her license issued under the provisions of [sections 335.011 to 335.096] this chapter shall  
 43 be suspended or revoked; or

44        (6) Conduct a nursing education program for the preparation of professional or practical  
 45 nurses unless the program has been accredited by the board."; and

46  
 47 Further amend said bill, Page 2, Section 335.203, Line 33, by inserting immediately after said  
 48 section and line the following:

1  
2       "621.280 1. For any new board or commission created after  
3 July 1, 2016, and charged with regulating or licensing an occupation or profession, those  
4 practitioners actively engaged in the newly regulated occupation or profession for at least one year  
5 prior to the effective date of the regulatory statute shall have a property right in their continued legal  
6 ability to engage in their occupation or profession.

7       2. Any decision of a newly-created board or commission to refuse licensure to a preexisting  
8 practitioner shall be in writing, shall inform the preexisting practitioner of the specific reasons for  
9 the denial, and shall inform the preexisting practitioner of their right to appeal before a neutral  
10 decision-maker at the administrative hearing commission. Any preexisting practitioner denied  
11 licensure shall have the right to file an appeal to the administrative hearing commission on their  
12 license denial within thirty days after the decision of the newly-created board or commission. If the  
13 preexisting practitioner does not timely appeal, their right to continue practicing the occupation or  
14 profession shall extinguish immediately. In the event of a timely appeal, the preexisting  
15 practitioner's right to practice their occupation or profession shall continue until a final decision of  
16 the administrative hearing commission. The burden of proof in any hearing under this section shall  
17 be on the new board or commission to show that the preexisting practitioner does not meet the  
18 requirements of the new regulatory regime."; and

19  
20 Further amend said bill by amending the title, enacting clause, and intersectional references  
21 accordingly.  
22  
23